

DIRECT DEBIT (DDR) TERMINATION REQUEST

This form is to be completed to request termination of your Direct Debit Request (DDR). In accordance with Council's DDR service agreement, Council must receive the form at least two business days prior to cancellation.

REQUEST AND AUTHORITY TO CANCEL DIRECT DEBIT

Your Surname or Company Name: _____

Your Given Names or ABN / ARBN: _____ "you"

request and authorise Dorset Council (APCA User ID 252001) to cancel your nominated direct debit from:

Cancellation Date: _____

Please note that if the cancellation date listed is the same as the direct debit extract date, the payment will still be debited on that day and payments will be cancelled as of the next business day.

PROPERTY DETAILS

Property Address				
Suburb		Post Code		Assessment No:
Property Address				
Suburb		Post Code		Assessment No:
Property Address				
Suburb		Post Code		Assessment No:
Property Address				
Suburb		Post Code		Assessment No:

YOUR SIGNATURE

Signed in accordance with the account authority on your account:

Signature		Date Signed	
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SECOND ACCOUNT SIGNATORY (if required)

Signed in accordance with the account authority on your account:

Signature			
Name		Date Signed	

SIGNING FOR A COMPANY (if required)

You must be authorised to sign on behalf of the company AND you must have authority to operate the Company's bank account.

Authorised Officer	Name		Signature	
	Position Held		Date Signed	
Second Authorised Officer	Name		Signature	
	Position Held		Date Signed	

OFFICE USE ONLY

Date Received		Customer Reference	
Processed By		Date Processed	